

## (1) PLACE OF BIRTH

County of AbbevilleTownship of AbbevilleInc. Town of  
or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9081

Registration District No. 102 Registered No. 20  
(For use of Local Registrar)City of Abbeville (No. 102 St. 102 Ward 102)(2) Full Name of Child Emma Louax If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Apr. 16<sup>th</sup> 1915</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Louax

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY (Years) 18

(18) BIRTHPLACE Abbeville Co.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice L. Zimmerman(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. G. Perrowe  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr. 21, 1915 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.